

57162

STATE WATER RESOURCES CONTROL BOARD
STATE DEPARTMENT OF HEALTH

SFUND RECORDS CTR

999000690

PRODUCER OF WASTE (Must be filled by producer)

Name Alcoa [] [] [] []

(PRINTER TYPE)

Pick up Address: 5151 Alcoa Ave LA CODE NO. [] [] [] []

(NUMBER) (STREET) (CITY)

Telephone Number: () P.O. or Contract No.:

Order Placed By: Date: 3-6-79

Type of Process
which Produced Wastes: water cooling [] [] [] []

(Examples: metal plating, equipment cleaning, oil drilling – wastewater treatment, pickling bath, petroleum refining) CODE NO.

DESCRIPTION OF WASTE (Must be filled by producer)		
Check type of wastes:		
1. <input type="checkbox"/> Acid solution	6. <input type="checkbox"/> Tetraethyl lead sludge	11. <input type="checkbox"/> Contaminated soil and sand
2. <input type="checkbox"/> Alkaline solution	7. <input type="checkbox"/> Chemical toilet wastes	12. <input type="checkbox"/> Cannery waste
3. <input type="checkbox"/> Pesticides	8. <input type="checkbox"/> Tank bottom sediment	13. <input type="checkbox"/> Latex waste
4. <input type="checkbox"/> Paint sludge	9. <input checked="" type="checkbox"/> Oil 17%	14. <input checked="" type="checkbox"/> Mud and water
5. <input type="checkbox"/> Solvent	10. <input type="checkbox"/> Drilling mud	15. <input type="checkbox"/> Brine
<input type="checkbox"/> Other (Specify) _____		

Components: (Examples: Hydrochloric acid, lime, caustic soda, phenolics, solvents (list), metals (list), organics (list), cyanide)		Upper	Concentration: Lower	%	ppm
1.					
2.					
3.					
4.					
5.					
6.					

Hazardous Properties of Waste:

pH 7 ☒ none ☐ toxic ☐ flammable ☐ corrosive ☐ explosive

Bulk Volume: 100 ☐ gal ☐ tons ☒ barrels (42 gal.) ☐ other (SPECIFY)

Containers: (NUMBER) ☐ drums ☐ cartons ☐ bags ☐ other (SPECIFY)

Physical State: ☐ solid ☒ liquid ☒ sludge ☐ other (SPECIFY)

Special Handling Instructions (if any): _____

The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable).

I certify (or declare) under penalty of perjury
that the foregoing is true and correct.

L J Hughes
SIGNATURE OF AUTHORIZED AGENT AND TITLE

HAULER OF WASTE (Must be filled by hauler)

ASBURY OIL CO.

13419 Halldale Ave., Gardena, California 90249

Phone: (213) 321-1392

Pick Up: 3-6-79 Time: _____
(DATE) 15

State Liquid Waste Hauler's Registration No. (if applicable): _____

Job No.: _____ No. of Loads or Trips: 1 Unit No. 4

Vehicle: ☒ vacuum truck 100 barrels, ☐ flatbed, ☐ other _____
(SPECIFY)

The described waste was hauled by me to the disposal facility named below and was accepted.

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Steve Priddy
SIGNATURE OF AUTHORIZED AGENT AND TITLE

DISPOSER OF WASTE (Must be filled by disposer)

Name (print or type): Operating and CODE NO.

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Site Address: Montevideo PK

The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RWQCB requirements, State Department of Health regulations, and local restrictions.

Quantity measured at site (if applicable): _____ State fee (if any): _____

Handling Method(s):

☐ recovery

☐ treatment (specify): _____ CODE NO.

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D disposal (specify): ☐ pond ☐ spreading ☒ landfill ☐ injection well CODE NO.

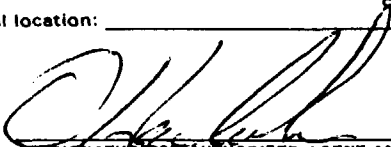
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☐ other (specify): _____

If waste is held for disposal elsewhere specify final location: _____

Disposal Date: 3-6-79

I certify (or declare) under penalty of perjury that the foregoing is true and correct.


SIGNATURE OF AUTHORIZED AGENT AND TITLE

The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports.

**FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING
HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.**

D.O.T. Proper Shipping Name

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